



MINOR'S NAME: \_\_\_\_\_  
PROBATION# / COURT CASE#: \_\_\_\_\_  
COURT DATE: \_\_\_\_\_  
RESPONSIBLE PARTY: \_\_\_\_\_

**COUNTY OF SAN LUIS OBISPO  
PROBATION DEPARTMENT**

**FINANCIAL DECLARATION**

**NOTICE TO ALL PERSONS**

You are advised to consult the California Penal Code, other California Law, or your own attorney for specific information on the imposition of fines, fees, and victim restitution, and your responsibility to pay your court ordered financial obligations. If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

California Penal Code 987.4. When the public defender or an assigned counsel represents a person who is a minor in a criminal proceeding, at the expense of a county, the court may order the parent or guardian of such minor to reimburse the county for all or any part of such expense, if it determines that the parent or guardian has the ability to pay such expense.

Welfare and Institutions Code 730.7. (a) In a case in which a minor is ordered to make restitution to the victim or victims, or the minor is ordered to pay fines and penalty assessments under any provision of this code, a parent or guardian who has joint or sole legal and physical custody and control of the minor shall be rebuttably presumed to be jointly and severally liable with the minor in accordance with Sections 1714.1 and 1714.3 of the Civil Code for the amount of restitution, fines, and penalty assessments so ordered, up to the limits provided in those sections, subject to the court's consideration of the parent's or guardian's inability to pay.

**FINANCIAL DECLARATION INSTRUCTIONS**

Please complete all sections on all pages and sides of this form. It is your responsibility to provide complete and verifiable financial information. It is very important that you take the time to indicate all financial information requested. This information will be used to help determine your obligation to reimburse the County of San Luis Obispo for expenses allowed under law, including, but not limited to fines, fees and victim restitution. All information will be used to assist in the collection of said costs and expenses.

Any information you submit will need to be substantiated by further documentation proving the accuracy and validity of the information that you provide. Acceptable documentation includes but is not limited to paycheck stubs, bank statements or tax returns. Any financial information submitted without substantiation may not be considered.

Please be sure to attach copies (do not submit originals) of any supporting documentation to this Financial Declaration.

If you do not submit this required information you may be held liable for any and all costs and expenses incurred by the County of San Luis Obispo associated with this matter.

Make sure that your signature, and the signature of your spouse or co-declarant (if applicable) appears where indicated and required on this Financial Declaration. Unsigned and/or incomplete Financial Declarations will not be accepted.

**Please submit your signed and completed Financial Declaration with all supporting documents within 7 days.**

**Mail to:**

**San Luis Obispo County  
Probation Department – Financial Declaration Division  
County Government Center  
San Luis Obispo, CA 93408**

**The Financial Evaluation Unit will review the completed Declaration and supporting documentation, and the results of the review will be forwarded to you and the assigned Deputy Probation Officer.**

Questions concerning this Financial Declaration may be addressed during your Probation interview with your assigned Deputy Probation Officer. The Financial Evaluation Unit cannot accept phone calls to answer questions concerning the completion of this Declaration, nor can we offer any legal advice. You may be entitled to a hearing if you disagree with this review. Please consult your attorney, your accountant, or another qualified private professional of your choice for answers, advice, or guidance.

See below if you are receiving **public financial assistance** under one or more of the following programs:

- ✓ **SSI and SSP** (State Supplemental Payments Programs)
- ✓ **CalWORKS** (California Work Opportunity and Responsibility Act implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependant Children Program)
- ✓ **The Food Stamp Program**
- ✓ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**

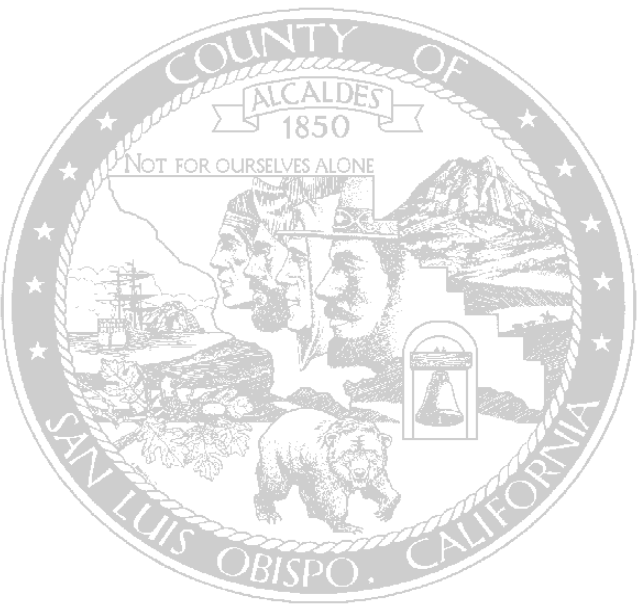
You may qualify for **Medi-Cal\*** - see back cover for more information.

If you are claiming eligibility for a waiver or reduction of fees and costs because you receive financial assistance under one or more of these program, you must produce documentation confirming benefits from a public assistance agency or one of the following documents:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (Formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

If you claim "**no income**", you may be required to file a separate written declaration to that effect, under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of fees and/or costs.

Attach  
Current Pay Stub and Other Documentation  
Here



Warning: You must immediately file another Financial Declaration if your financial condition improves during the term of probation. You may be ordered to appear in court and answer questions about your ability to pay fees and/or costs.

## PROBATION DECLARATION

Name:	Court Case Number:
Spouse:	Home Phone: (     )
Home Address:	City:                                  St:      Zip:
Employer:	Employer Phone: (     )
Employer Address:	City:                                  St:      Zip:
Spouse Employer:	Spouse Employer Phone: (     )
Spouse Employer Address:	City    St:      Zip:
Social Security Number:	Date of Birth:        /        /
Spouse Soc. Sec. Num:	Spouse DOB:        /        /

Please, list all the persons you support, and/or live with, whether they are your spouse, child, friend or relative.

Name	DOB	Age	Soc. Sec #	Relationship to you	Their address
1.					
2.					
3.					
4.					
5.					

Please attach additional pages to represent **all** persons, if necessary.

Income	Monthly Amount		Monthly Amount
<b>Applicant</b> Gross Earnings from Employment	\$	<b>Spouse</b> Gross Earnings from Employment	\$
Other Earnings:		Other Earnings:	
Unemployment	\$	Unemployment	\$
Disability	\$	Disability	\$
Pension	\$	Pension	\$
Social Security	\$	Social Security	\$
Rental Income	\$	Rental Income	\$
Child Support	\$	Child Support	\$
Public Financial Assistance	\$	Public Financial Assistance	\$
Other Income	\$	Other Income	\$
<b>Total Gross Income:</b> (Before taxes/deductions)	\$	<b>Total Gross Income:</b> (Before taxes/deductions)	\$
<b>Total Net Income:</b> (After taxes/deductions)	\$	<b>Total Net Income:</b> (After taxes/deductions)	\$

I/we, hereby swear and affirm, under the penalty of perjury, that this Declaration is a complete and accurate statement of my household income, and is a complete and accurate list of all persons domiciled with and/or financially impacting my household income, and that I have no other or additional income whatsoever.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## YOU MAY QUALIFY FOR:

### Medi-Cal\*

The Medi-Cal Program provides free or low-cost health care coverage to those who qualify.

For an application, or to determine eligibility, call or visit one of these Department of Social Services offices near you.

#### **SLO County Department of Social Services** Website: <http://www.slodss.org>

Location	Phone	Location	Phone
3433 S. Higuera St San Luis Obispo, CA 93403	(805) 781-1600	530 12 <sup>th</sup> St Paso Robles, CA 93406	(805) 237-3110
9415 El Camino Real Atascadero, CA 93422	(805) 461-6000	1086 Grand Ave Arroyo Grande, CA 93420	(805) 474-2000
671 W. Tefft St Nipomo, CA 93444	(805) 931-1800		

\*Any person has the right to apply for Medi-Cal. Even if you are working, own a house, or are married, you may be eligible for Medi-Cal. Because there are so many factors, it is important for anyone in need of assistance to contact the Department of Social Services and speak with an Employment Resource Specialist.

### Free and Low-Cost Health Services

Low-Income Medical Care for adults & children through public health clinics, comprehensive case management, outreach and education. For assistance, information, and eligibility determination, contact the Public Health Department main office.

#### **SLO County Health Department**

Website: <http://www.slopublichealth.org>

Location: 2191 Johnson Avenue  
San Luis Obispo, CA 93401

Phone: (805) 781-5500

### Healthy Families Website: <http://www.healthyfamilies.ca.gov>

1-800-880-5305

Low-cost insurance coverage for children & teens who do not qualify for free Medi-Cal. Call the above number to receive information about the different health plans that are offered.

### Hotline Website: <http://www.slohotline.org>

(805) 549-8989

800-549-8989 (Toll-free in San Luis Obispo County)

A 24-Hour comprehensive and confidential community connection to a variety of resources and services, personal support and crisis intervention.

### CaliforniaKids Healthcare Foundation Website: <http://www.californiakids.org>

(818) 755-9700

5200 Lankershim Boulevard, Suite 360  
North Hollywood, CA 91601

Provides affordable, preventive and primary healthcare benefits to children of families who do not qualify for any State health care program. For information about the program, services or providers, please call or write to the location above.

### Economic Opportunity Commission Website: <http://www.eocsllo.org>

(805) 544-4355

1030 Southwood Drive  
San Luis Obispo, CA 93401

Provides Health & Family Services and Homeless Services to those less fortunate in the San Luis Obispo and surrounding counties.

**\*Any questions concerning Medi-Cal or any other program that may be of service to you should be discussed with a representative of the San Luis Obispo County Department of Social Services at 805-781-1600.**

#### PLEASE SIGN WHERE REQUIRED ON THIS DECLARATION

Declarations submitted without the required signatures may be disregarded.

Return completed and signed Declaration, with supporting documentation to:

**San Luis Obispo County  
Probation Department – Financial Declaration Division  
County Government Center  
San Luis Obispo, CA 93408**